



For up to date criteria and forms, please check: www.gov.bc.ca/pharmacarespecialauthority

Fax requests to 1 800 609-4884 (toll free) OR mail requests to: PharmaCare, Box 9652 Stn Prov Govt, Victoria, BC V8W 9P4

This facsimile is Doctor-Patient privileged and contains confidential information intended only for PharmaCare. Any other distribution, copying or disclosure is strictly prohibited. If you have received this fax in error, please write "MIS-DIRECTED" across the front of the form and fax toll-free to 1 800 609-4884, then destroy the pages received in error.

If PharmaCare approves this Special Authority request, approval is granted solely for the purpose of covering prescription costs. PharmaCare approval does not indicate that the requested medication is, or is not, suitable for any specific patient or condition.

Forms with information missing will be returned for completion. If no prescriber fax or mailing address is provided, PharmaCare will be unable to return a response.

SECTION 1 – PRESCRIBER INFORMATION

NAME AND MAILING ADDRESS		<input type="checkbox"/> MAIL CONFIRMATION
<input type="checkbox"/> COLLEGE ID	OR	<input type="checkbox"/> MSP NUMBER
PHONE NUMBER (INCLUDE AREA CODE)		
CRITICAL FOR A TIMELY RESPONSE →	PRESCRIBER'S FAX NUMBER	

SECTION 2 – PATIENT INFORMATION

PATIENT (FAMILY) NAME	
PATIENT (GIVEN) NAME(S)	
DATE OF BIRTH (YYYY / MM / DD)	DATE OF APPLICATION (YYYY / MM / DD)
CRITICAL FOR PROCESSING →	PERSONAL HEALTH NUMBER (PHN)

SECTION 3 – MEDICATION REQUESTED

<input type="checkbox"/> Linagliptin or Linagliptin + Metformin Combination Tablet	<input type="checkbox"/> Pioglitazone Clinical judgement is warranted to assess the increased risk of adverse outcomes in patients with concurrent diseases, including heart failure	<input type="checkbox"/> Saxagliptin or Saxagliptin + Metformin Combination Tablet
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SECTION 4 – CRITERIA FOR INDEFINITE COVERAGE

As part of combination treatment for Type 2 diabetes mellitus **WHEN** insulin NPH is not an option **AND AFTER** inadequate glycemic control on maximally-tolerated doses of dual therapy of metformin **AND** a sulfonylurea (**MUST COMPLETE A, B AND C**).

A. Insulin NPH has been tried and was not effective OR has been considered for this patient and is not appropriate at this time.

B. Maximally-tolerated dose of metformin has been tried. Response: _____
IN COMBINATION WITH:

C. Maximally-tolerated dose of a sulfonylurea has been tried. Response: _____
Specify the sulfonylurea: _____

Additional notes as applicable

Report all adverse events to the post-market surveillance program, Canadian Vigilance, toll-free 1-866-234-2345 (health professionals only).

<p>Personal information on this form is collected, used and disclosed under the authority of, and in accordance with, the <i>British Columbia Pharmaceutical Services Act</i> and <i>Freedom of Information and Protection of Privacy Act</i>. It will not be disclosed to any persons without the patient's consent. The information you provide will be relevant to and used solely to (a) provide PharmaCare benefits for the medication requested, (b) to implement, monitor and evaluate this and other Ministry programs, and (c) to manage and plan for the health system generally. If you have any questions about the collection or use of this information, call Health Insurance BC from Vancouver at 1-604-683-7151 or from elsewhere in BC toll free at 1-800-663-7100 and ask to consult a pharmacist concerning the Special Authority process.</p>	<p>I have discussed with the patient that the purpose of releasing their information to PharmaCare is to obtain Special Authority for prescription coverage and for the purposes set out here.</p> <p>_____ Prescriber's Signature (Mandatory)</p>
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PharmaCare may request additional documentation to support this Special Authority request.

Actual reimbursement is subject to the rules of a patient's PharmaCare plan, including any annual deductible requirement, and to any other applicable PharmaCare pricing policy.

PHARMACARE USE ONLY

STATUS	EFFECTIVE DATE (YYYY / MM / DD)	DURATION OF APPROVAL
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